

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

12/14/2020

1 Name of Local Government Officer

Jeremiah Carnes

2 Office Held

Board Member

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

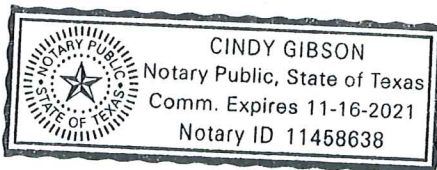
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



[Handwritten Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeremiah Carnes, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Cindy Gibson
Printed name of officer administering oath

Admin. Asst. to the Superintendent
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<p>OFFICE USE ONLY</p> <p>Date Received <i>12/14/2020</i></p>
<p>1 Name of Local Government Officer</p> <p style="text-align: center;">Matthew Strickland</p>	
<p>2 Office Held</p> <p style="text-align: center;">Board Member</p>	

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

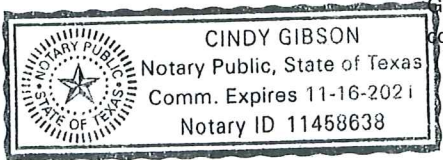
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



[Handwritten Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Strickland, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Cindy Gibson

Printed name of officer administering oath

Admin. Asst. to the Superintendent

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

12/14/2020

1 Name of Local Government Officer

Micah James Lowe

2 Office Held

President

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A LOWE INSURANCE GROUP, LLC.

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

N/A OWNER / EMPLOYEE OF LOWE INSURANCE GROUP, LLC.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

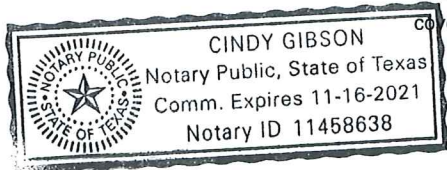
Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



M. J. Lowe

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Micah James Lowe, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

Cindy Gibson

Signature of officer administering oath

Cindy Gibson

Printed name of officer administering oath

Admin. Asst. to the Superintendent

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<p>OFFICE USE ONLY</p> <p>Date Received <i>12/14/2020</i></p>
<p>1 Name of Local Government Officer</p> <p>Casey Jordan</p>	
<p>2 Office Held</p> <p>Board Member</p>	

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

Magical Memories, A.B.E.L. Ent. Inc.

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

Spouse is owner of Magical Memories, Parents are owners of A.B.E.L.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Casey Jordan, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

Cindy Gibson

Signature of officer administering oath

Cindy Gibson

Printed name of officer administering oath

Admin. Asst. to the Superintendent

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received
12/14/2020

1 Name of Local Government Officer

Phillip "Bear" Brown

2 Office Held

Vice-President

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

LPS-Fire LLC

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

Owner/employee of LPS-Fire

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift _____

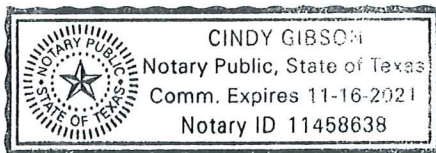
Date Gift Accepted N/A Description of Gift _____

Date Gift Accepted N/A Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.



[Signature]
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Phillip "Bear" Brown, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

Cindy Gibson
Signature of officer administering oath

Cindy Gibson
Printed name of officer administering oath

Admin Asst. to the Superintendent
Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<p>OFFICE USE ONLY</p> <p>Date Received <i>12/14/2020</i></p>
<p>1 Name of Local Government Officer</p> <p>Paul Moreno</p>	
<p>2 Office Held</p> <p>Board Member</p>	

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

[Handwritten signature]

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

[Handwritten Signature]

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Moreno, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Cindy Gibson

Printed name of officer administering oath

Admin Asst. to the Superintendent

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.</p>	<p>OFFICE USE ONLY</p> <p>Date Received <i>12/14/2020</i></p>
<p>1 Name of Local Government Officer</p> <p>Eddie Paul Stanley</p>	
<p>2 Office Held</p> <p>Secretary Treasure</p>	

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

N/A

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>
Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>
Date Gift Accepted	<i>N/A</i>	Description of Gift	<i>N/A</i>

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Eddie Paul Stanley
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Eddie Paul Stanley*, this the *14* day of *December*, 20 *20*, to certify which, witness my hand and seal of office.

<i>Cindy Gibson</i>	<i>Cindy Gibson</i>	<i>Admin Asst. to the Superintendent</i>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

12/14/2020

1 Name of Local Government Officer

Micah Lewis

2 Office Held

Superintendent

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

Splash Kingdom

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

Marci Blevins, Johnny Blevins - Sister and brother-in-law

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

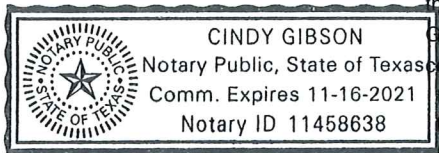
Date Gift Accepted NA Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT



I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Micah Lewis
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Micah Lewis, this the 14 day of December, 20 20, to certify which, witness my hand and seal of office.

Cindy Gibson
Signature of officer administering oath

Cindy Gibson
Printed name of officer administering oath

Admin. Asst. to the Superintendent
Title of officer administering oath